



- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	0	20	0	x \$ 52 (1202)	\$ 0
Independent Claims	0	3	0	x \$ 220 (1201)	0
<input type="checkbox"/> If Amendment adds multiple dependent claims, add \$ 390 (1203)					\$ 0
Total Claim Amendment Fee					\$ 0
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					0
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 0

- ☐ Charge \_\_\_\_\_ to Deposit Account No. 02-4800 for the fee due.
- ☐ A check in the amount of \_\_\_\_\_ is enclosed for the fee due.
- ☐ Charge \_\_\_\_\_ to credit card for the fee due. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INDEPSON & ROONEY PC

Date February 24, 2009

By: \_\_\_\_\_

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Patent  
Attorney's Docket No. 1000500-000385

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## In re Patent Application of

Olle Hemmingson

Application No.: 10/576,560

Filed: November 6, 2006

For: DISC SAW BLADE

MAIL STOP AF

Group Art Unit: 3724

Examiner: Bharat C Patel

Confirmation No.: 3806

## REQUEST FOR RECONSIDERATION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated November 28, 2008 reconsideration of the subject application is requested for the following reasons.